

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**
(Page 1)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled LED AND LED LIGHT SOURCE

the specification of which ☐ is attached hereto ☒ was filed on June 9, 2004
as PCT International Application No. PCT/EP 2004/051066

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above,

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(4) or §365(b), of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designates at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed:

<u>Country</u>	<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>	<u>(Yes/No) Priority Claimed</u>
Austria	A1072/2003	July 11, 2003	Yes

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>
------------------------	----------------------------

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>	<u>Status (Patented, Pending, Abandoned)</u>
------------------------	----------------------------	--

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
(Page 2)

FTZPATRICK, CELLA, HARPER & SCINTO
Customer Number: 05514

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor Günther LEISING

Inventor's signature [Signature]

Date 19 SEPT. 2006

Citizen/Subject of AUSTRIA

Residence St. Peter Hauptstrasse 33a, 8042 Graz, AUSTRIA

Post Office Address St. Peter Hauptstrasse 33a, 8042 Graz, AUSTRIA

Full Name of Second Joint Inventor, if any _____

Second Inventor's signature _____

Date _____

Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Third Joint Inventor, if any _____

Third Inventor's signature _____

Date _____

Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Fourth Joint Inventor, if any _____

Fourth Inventor's signature _____

Date _____

Citizen/Subject of _____

Residence _____

Post Office Address _____